Recipient Committee

COVER PAGE

| Campaign Statement Cover Page | | | Date Stamp | CALIFORNIA 460 | 460 |
|---|---|---|------------|---|-----------------|
| | Statement covers period | Date of election if applicable: (Month, Day, Year) | | Page 1 o | of 5 |
| | from 10/18/2020 | | | For Official Use Only | se Only |
| SEE INSTRUCTIONS ON REVERSE | through 12/31/2020 | 11/05/2024 | | 21 JRW 2021 M 12:2 | |
| 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, | - Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | |
| Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Small Contributor Committee O Political Party/Central Committee | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 7) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | ☐ Preelection Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) | rmination) | Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 | 99 |
| 3. Committee Information | I.D. NUMBER 1390966 | Treasurer(s) | | , | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | | | |
| Mike Cordero for Council 2024 | | Trent Benedetti | | | |
| | | MAILING ADDRESS | | | |
| | | 2151 S College Dr Ste 101 | 101 | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE AREA (| AREA CODE/PHONE |
| 2151 S College Dr Ste 101 | | Santa Maria | CA | 93455 (80 | (805) 922-4881 |
| CITY STATE ZIP | ZIP CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | ER, IF ANY | | |
| Santa Maria CA 9 | 93455 (805) 922-4881 | | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | O. BOX | MAILING ADDRESS | | | |

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

arybee@aol.com

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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ZIP CODE

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OPTIONAL: FAX / E-MAIL ADDRESS

| | | FPPC Form |
|--|--|--|
| By Signature of Confosing Officeholder, Candidate, State Measure Proponent or Responsible Officer of Spons | BySgnature of Controlling Officeholder, Candidate, State Measure Proponent | By Signature of Controlling Officeholder, Candidate, State Messure Proponent |
| Executed on | Executed on Date | Executed on |

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| Officeholder or Candidate Controlled Committee | iffee | 6. Primarily Formed Ballot Measure Committee | Aeasure Committee | | |
|---|---|---|---|-----------------------|----------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
| Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member | T NUMBER IF APPLICABLE) | BALLOT NO, OR LETTER JI | JURISDICTION | | SUPPORT |
| DDRESS (NO, AND STREET) | CITY STATE ZIP | Identify the controlling officeholder candidate or state measure pronount if any | older candidate or st | ote messure pre | your if any |
| 1324 Ruby Ct. Sa | Santa Maria CA 93454 | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | ATE, OR PROPONENT | | |
| Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. | tement: List any committees or are primarily formed to receive ididacy. | OFFICE SOUGHT OR HELD | | DISTRICT NO, IF ANY | <u></u> ≻N |
| COMMITTEE NAME | I.D. NUMBER | Continue of the factor of the | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | ate/Officeriolaer od r which this committee is | primarily formed. | arres or |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| CITY STATE ZIP CODE | ODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEENAME | I.D. NUMBER | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT |
| NAME OF TREASURER COMMITTEE ANDRESS (NO BO BOY) | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT |
| | ODE AREA CODE/PHONE | Attach o | Attach continuation sheets if necessary | necessary | |

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| ın Disclosı | y Page |
| Campaig | Summar |

| Campaign Disclosure Statement Summary Page | Amounts may be rounded to whole dollars. | froi | Statement covers period m 10/18/2020 | CALIFORNIA 460 |
|--|---|--|---|---|
| SEE INSTRUCTIONS ON REVERSE | | through | 12/31/2020 | Page 3 of 5 |
| NAME OF FILER | | | | I.D. NUMBER |
| Mike Cordero for Council 2024 | | | | 1390966 |
| Contributions Received | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Column B CALENDARYEAR TOTALTO DATE | Calendar Year Sum Running in Both th | Calendar Year Summary for Candidates Running in Both the State Primary and |
| Schedule A, Line | \$ 150.00 | \$ 150.00 | | 1/1 through 6/30 7/1 to Date |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 | \$ 150,00 | \$ 150.00 | 20. Contributions Received | es |
| 4. Normonetary Contributions | 0.00 | 0.00 | res | ÷ ↔ |
| Expenditures Made 6. Payments Made | \$ 175.00 | \$ 1,300.00 | Expenditure Limit Summary for State Candidates | Summary for State |
| 7. Loans Made Schedule H, Line 3 8. SUBTOTALCASH PAYMENTS Add Lines 6 + 7 | 0.00 | 0.00 | 22. Cumulativ (If Subject to | 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) |
| 9. Accrued Expenses (Unpaid Bills) | 0.00 | 0.00 | Date of Election (mm/dd/yy) | Total to Date |
| 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 | \$ 175.00 | 1,300.00 | | 59 |
| Current Cash Statement | | | | \$ |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Schedule I, Line 4 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. | \$ 4,733.18 150.00 0.00 175.00 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is | *Amounts in this section n reported in Column B. | *Amounts in this section may be different from amounts reported in Column B. |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | the first report being filed for this calendar year, only carry over the amounts | | |
| Cash Equivalents and Outstanding Debts | 00.00 | from Lines 2, 7, and 9 (if any). | | |

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> > 19. Outstanding Debts Add Line 2 + Line 9 in Column B above

18. Cash Equivalents

See instructions on reverse

Schedule A Ž

| Schedule, | A | | | | | SCHEDULE A |
|-----------------------------|---|--------------------------|--|---|---|-------------------------------|
| Monetary | Monetary Contributions Received | Amount to | Amounts may be rounded to whole dollars. | Statement covers period from 10/18/2020 | | CALIFORNIA 460 |
| SEE INSTRUCTIONS ON REVERSE | NS ON REVERSE | | | through 12/31/2020 | | Page 4 of 5 |
| NAME OF FILER | | | | | | I.D. NUMBER |
| Mike Corderc | Mike Cordero for Council 2024 | | | | | 1390966 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F.COMMITEE, ALSO ENTERLID, NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | TO DATE (IF REQUIRED) |
| 10/20/2020 | Guadalupe Alvarez 246 Egret Ln Guadalupe, CA 93434 | IND COM OTH PTY | A&A Investments Self-Employed | 150.00 | | 150. 00 G2020 \$150.00 |
| | 10. | SCC OTH SCC | | | | |
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- 6 2. Amount received this period – unitemized monetary contributions of less than \$100
- 3. Total monetary contributions received this period.

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee IND – Individual COM – Recipient Committee *Contributor Codes

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150.00

150,00

150.00

SUBTOTAL \$

IND COM OTH SCC

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Payments Made Schedule E

Amounts may be rounded to whole dollars.

S 5 CALIFORNIA I.D. NUMBER FORM Page 5 Statement covers period 10/18/2020 12/31/2020 through from

1390966

SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mike Cordero for Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

meetings and appearances member communications MBR MTG campaign paraphernalia/misc. O N

contribution (explain nonmonetary)* campaign consultants civic donations

CIB

candidate filing/ballot fees undraising events CVC 2895 닖

legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

t.v. or cable airtime and production costs radio airtime and production costs campaign workers' salaries returned contributions RAD SAL SAL TRC TRS TSF VOT

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration

> postage, delivery and messenger services professional services (legal, accounting)

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print ads

polling and survey research

petition circulating office expenses phone banks

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candidate travel, lodging, and meals

information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Benedetti & Associates, CPA INC 2151 S College Dr Ste 101 Santa Maria, CA 93455 | PRO | | 125.00 |
| | | | |
| | | | |

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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